

Animal Rabies (Animal Contacts) Report Form

iTrax # Interviewer Name:					
ONTACT INFOR	MATION				
Name/Identifier:		County: _			
f owned, owner's to	elephone number:	Address:			
Disposition:	☐ Testing/Treatment R	ecommended	□ Uı	nable to Locate	
	☐ Insufficient Information to Begin Investigation		n		
	☐ Not Infected		☐ Other, Specify:		
ONTACT INVES	STIGATION				
ONTACT INVES	STIGATION	Was the animal:	□Wild	□ Domestic	□ Unknow
ONTACT INVES Contact Animal Species:	TIGATION Details	Was the animal: Color/Description:			
ONTACT INVES Contact Animal Species:	Details e:				
Contact Animal Species: Approximate Ag	Details e:				
ONTACT INVES Contact Animal Species: Approximate Ag Animal Ownersh	Details e:	Color/Description:			

INTERVIEW

B. Exposure

Was the contact animal vaccinated for rabies?	 □ Not vaccinated □ Up-to-date on rabies vaccination □ Previously vaccinated for rabies, but no up-to-date □ No vaccination for species □ Unknown
If up-to-date or previously vaccinated	, date of last vaccine?
Location where vaccinated:	
Type of exposure:	□ Bite
	 □ Non-bite (scratch or abrasion) □ Non-bite (contamination of open cut with saliva or nervous tissue) □ No exposure (handling, blood contact)
Specify exposure site:	
Was exposure provoked or unprovoked?	□ Provoked □ Unprovoked
Describe exposure incident:	
Provide address where animal was exposed:	

☐ Euthanized, submitted for testing	Date submitted	:				
☐ 45 day Observation	Location of obs	servation	:			
	☐ Home)ffice			Observation Start Date:	
	☐ Veterinary Office ☐ Animal Shelter ☐ Other, Specify:				Observation End Date:	
Was animal vaccinated prior to	the end of observation?		□ Yes	If yes, date:		
Did the animal survive 45 day of	observation?	☐ Yes ☐ No ☐ Unkn	nown			
If no, was specimen submitted f	For testing?	☐ Yes ☐ No ☐ Unknown		If yes, date sub	bmitted:	
☐ 6 month Quarantine	Location of quarantine: Home Veterinary Office Animal Shelter Other, Specify:					
				Quarantine Start Date:		
				Quarantine End Date:		
Was animal vaccinated prior to	the end of quara	ntine?	□ Yes □ No	If yes, o	late:	
Did the animal survive 6 month	quarantine?	☐ Yes ☐ No ☐ Unkr	nown			
If no, was specimen submitted for testing?		☐ Yes ☐ No ☐ Unknown		If yes, date submitted:		
☐ Unavailable						
Additional Notes:						

Contact Animal Disposition: